

CONNECTICUT STATE DEPARTMENT OF HEALTH
Public Health Statistics Section - Hartford, Connecticut, U. S. A.

Certified Copy of Death Record

1. Full name of deceased Vinton A. Erwin
2. Primary cause of death Traumatic meningitis
If death from violence (leave blank (1) means and nature of injury (2) whether accidental or homicidal)
3. Duration days
4. Secondary or contributory Comm. Exhaustion
5. Duration days

Remarks

I certify that I attended the deceased in his last illness, and that the cause of death was as above stated.

Signature Ben J. N. White, M.D.
Capacity in which he signs

Dated 19 Address

Undertaker's Certificate

1. Full name of deceased Vinton A. Erwin
2. Place of death—town Bridgewater No. 91 Park Rock Ave. Street, Ward
If death occurred in hospital or institution give its name instead of street and number.
3. Number of families in house
4. Residence at time of death Bridgewater, Connecticut
Town State or Country
5. Occupation Mechanic
6. Condition (state whether: single, married, divorced or widowed) married
7. If wife or widow, give name of husband
8. Date of death—year 1893 month February day 12
9. Date of birth—year month day
10. Age in years 33 months 7 days 21
11. Sex Male 12. Color White
13. Birthplace—Town Deep River State or Country Connecticut
14. Father's name in full James A. Erwin
15. Father's birthplace—Town Westville State or Country N.Y.
16. Mother's maiden name Emily G.
17. Mother's birthplace—Town Deep River State or Country Connecticut
18. Place of burial Mt. Grove Cemetery Cemetery
19. Name of informant Address
20. Was body embalmed If so, name of embalmer License No.
Signature of Undertaker Address
(or Licensed Embalmer)

THIS CERTIFICATE RECEIVED FOR RECORD ON
p. 223, record book of deaths

By

REGISTER

1889-1893.

I certify that this is a true transcript of the information on the death record as recorded in this office.

Attest: Registrar of Vital Statistics

Dated Town of